

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/509127

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		2		1		
6		2		1		
7		1		1		
8		①		1		
9		①		1		
10		1		1		
11		①		1		
12		1		1		
13		1		1		
14		①	e			
15		①	e			
16	1		1			
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		2		1		
22		2		1		
23		1		1		
24		1	e			
25		1				
26		2				
27		2				
28		①				
29		①				
30		①	e			
31		①		1		
32		1		1		
33		1	e			
34		1				
35		1				
36		2				
37		2				
38		1				
39		①				
40		1	e			
41		①		1		
42		1		1		
43		①		1		
44		1	e			
45		1		1		
46		1		1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	52	←	30	←		←
TOTAL CLAIMS	54		32			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						